

101616,145 - 6-3-08

PTO/SB/07 (08-03)
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
3							53					
4							54					
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46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	8						Total Indep					
Total Depend	201						Total Depend					
Total Claims	209						Total Claims					

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cont.

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4-3-08

PG.2

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
101							51	3			
102							52	3			
103							53	3			
104							54	3			
105							55	3			
106							56	3			
107							57	3			
108							58	1			
109							59	3			
10							60	3			
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48							98				
49		3					99				
50		3					100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				

CONT

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PG.3

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend		
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202		2					52					
203		2					53					
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50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					